



ANIMAL HEALTH TECHNOLOGY VERIFICATION OF WORK-RELATED HOURS AND EXPERIENCE

Applicants to the Animal Health Technology (AHT) program must submit proof of 40 hours of related work experience by the deadline indicated by the program area. Forms should be completed and signed off by a Registered Veterinary Technologist (RVT) working under the direction of a registered Veterinarian. Applicants may complete their work related hours at one or two veterinary clinics within 3 years of applying to the NAIT AHT program.

To help you become aware of the expectations, tasks, and responsibilities of AHT's, we are providing you with a list of areas and duties we hope you are able to observe while volunteering/working in a veterinary clinic with a Registered Veterinarian.

- Husbandry, nursing care, basic handling and restraint of animals
- Different species and breeds of animals
- Clinic safety protocols, cleanliness and sanitation procedures
- Diagnostic laboratory procedures
- Reception duties
- Euthanasia
- Surgical preparation
- Small Animal Spay/Neuters, dentistry and vaccination.
- X-rays and anesthetic procedures
- Large Animal surgery, nursing and treatment procedures for bovine and equine species among others.

It is recommended you ask questions as much as possible while volunteering in a veterinary clinic. We have some sample questions below.

- What skills and qualities are required for success in veterinary medicine?
- What do you enjoy the most about your job as an AHT?
- What are the greatest challenges of your job?



OFFICE OF THE REGISTRAR

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| Applicant Name | NAIT Student ID Number |
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Proof of 40 Hours of Related Work Experience

Please note: Hours must have been completed within 3 years of the start date of the program.

Name of Business:

Business Address:

Business Phone:

Email Address:

Did you complete a minimum of 40 hours of related work experience? Yes / No

If yes, how many hours did you complete? _____ hours.

Start Date:

End Date:

List the types of experience obtained:

Name of Supervisor:

Name of Applicant:

Signature:

Signature:

Date:

Date: